USEPA 290 BROADWAY NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 14-1365

Operator Project #	Postmark	Date Received			Notifica	Notification #			
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): O – Original									
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):									
OWNER NAME: RXR Realty, LLC									
Address: 1330 Avenue of the									
City: New York	THE TOOL	State: NY Zip: 10019							
Contact Name: Marcelo Renzi	L	Telephone: 212-434-0008							
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services									
Address: 11-02 Queens Plaza South									
City: Long Island City			State: NY			Zip: 11101			
Contact Name: Aric Domozick		Telephone: 718-349-0900							
OTHER CONTRACTOR:									
Address:									
City:				State:			Zip:		
Contact Name:		elephone:							
	io. O-Ordered Demo, R-Ren	ovation, E-E	mergency		priories				
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: R IS ASBESTOS PRESENT? (YES NO) YES									
10 / 10 LO LO LA									
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)									
Building Name:									
Address: 620 6 th Avenue									
City: New York			State: NY			Zip: 10011			
Site Location: 18 th Street Side	de Phase 3								
Building Size: 88,940 SF			# of Floors: 7			Age in Years: 115			
Present Use: Commercial			Prior Use: Commercial						
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM — Polarized Light Microscopy									
Approximate amount of asbes	stos , R. ACM	1	Non-Friable		Indicate Unit of Measurement				
Including	to be		Asbestos Material		Below				
 Regulated ACM to be rem Category I ACM not remo Category II ACM not remo 	oved	d	not to be removed						
			CATI	CAT II		U	JNIT		
Surface Area:					Linear Feet: Ln M:		Ln M:		
Surface Area: Waterproofing Tar/Caulking					Square Feet	t: X	Square Meter:		
Volume RACM off Facility Com					CuFt:		Cu M:		
Scheduled Dates Asbestos Removal (mm/dd./yy)			Start: 05/02/2016		Complete: 04/30/2017				
Scheduled Dates Demo/Renovation (mm/dd./yy)			Start:		Complete:				

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:							
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT							
THE DEMOLITION AND RENOVATION SITE:							
HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.							
WASTE TRANSPORTER #1							
Name: Tri State Transfer Associates							
Address: 1199 Randall Avenue	T	1					
City: Long Island City	State: NY	Zip: 10474					
Contact Name: Jimmy Byrne		Telephone: 718-617-0771					
WASTE TRANSPORTER #2		The second secon					
Name: ATC	Table 11						
Address: 2 Moriches Middle Island Road							
City: Shirley	State: NY	Zip:					
Contact Name: Kenny Smith		Telephone: 631-924-5050					
WASTE TRANSPORTER #3							
Name: P.A.L. Environmental Safety Corp. d/b/a PAL Enviro	nmental Services						
Location: 11-02 Queens Plaza South							
City: Long Island City	City: Long Island City	City: Long Island City					
Telephone: 718-349-0900							
Disposal Facility							
Name: Minerva Enterprises							
Location: 9000 Minerva Road, SE	Location: 9000 Minerva Road, SE						
City: Waynesburg St. FOR EMERGENCY RENOVATIONS	ate: OH	Zip: 44688					
Date and Hour of Emergency (mm/dd./yy)							
Description of the Sudden, Unexpected Event:							
Explanation of how the event caused unsafe conditions or	would sause equipment demans or an arr						
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:							
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY							
NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered							
unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA							
Vacs, to be put in 6 mil poly bags for proper disposal.							
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUALTION (40 CFT PART 61, SUBPART M), WILL BE ON-							
SITE DURING/THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY							
THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)							
(A) (A)							
	<u>/14/2016</u>						
Signature of Owner/Operator	Date						
I certify that the above information is correct							
04	<u>/14/2016</u>						
Signature of Owner/Operator	Date						
100							

-